

PRODUCER OF WASTE (Must be filled by producer)

Name ALUMINUM CO. OF AMERICA ☐ ☐ ☐ ☐ ☐

(PRINT OR TYPE) CODE NO.

Pick up Address: 5151 ALCOA AVE VERNON

(NUMBER) (STREET) (CITY)

Telephone Number: () P.O. or Contract No.:

Order Placed By: Date: 7-8-5-27

Type of Process
which Produced Wastes: ALUMINUM FABRICATION ☐ ☐ ☐ ☐

(Examples: metal plating, equipment cleaning, oil drilling -
wastewater treatment, pickling bath, petroleum refining)

CODE NO.

DESCRIPTION OF WASTE (Must be filled by producer)		
Check type of wastes:		
1. <input type="checkbox"/> Acid solution	6. <input type="checkbox"/> Tetraethyl lead sludge	11. <input type="checkbox"/> Contaminated soil and sand
2. <input type="checkbox"/> Alkaline solution	7. <input type="checkbox"/> Chemical toilet wastes	12. <input type="checkbox"/> Cannery waste
3. <input type="checkbox"/> Pesticides	8. <input type="checkbox"/> Tank bottom sediment	13. <input type="checkbox"/> Latex waste
4. <input type="checkbox"/> Paint sludge	9. <input type="checkbox"/> Oil	14. <input type="checkbox"/> Mud and water
5. <input type="checkbox"/> Solvent	10. <input type="checkbox"/> Drilling mud	15. <input type="checkbox"/> Brine

☒ Other (Specify) OIL SLUDGE & WATER CODE NO.

Components: (Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)	Concentration:		%	ppm
	Upper	Lower		
1.			<input type="text"/>	<input type="text"/>
2.			<input type="text"/>	<input type="text"/>
3.			<input type="text"/>	<input type="text"/>
4.			<input type="text"/>	<input type="text"/>
5.			<input type="text"/>	<input type="text"/>
6.			<input type="text"/>	<input type="text"/>

Hazardous Properties of Waste:

pH _____ ☒ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

Bulk Volume: 100 ☐ gal ☐ tons ☒ barrels (42 gal.) ☐ other _____ (SPECIFY)

Containers: _____ (NUMBER) ☐ drums ☐ cartons ☐ bags ☒ other SUMP (SPECIFY)

Physical State: ☐ solid ☒ liquid ☒ sludge ☐ other _____ (SPECIFY)

Special Handling Instructions (if any): _____

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury
that the foregoing is true and correct.

Charles H. Balt
SIGNATURE OF AUTHORIZED AGENT AND TITLE

HAULER OF WASTE (Must be filled by hauler) <div style="border: 1px solid black; padding: 5px; text-align: center; margin: 5px 0;"> ASBURY OIL CO. </div> 13419 Halldale Ave., Gardena, California 90249 Phone: (213) 321-1392	999000635 <div style="border: 1px solid black; width: 100px; height: 40px; margin: 5px auto; position: relative;"> <div style="position: absolute; top: 0; right: 0; width: 100%; height: 100%; background-color: white;"></div> </div> CODE NO.
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Pick Up: 5/22/88 (date) Time: _____ ☐ am ☐ pm


State Liquid Waste Hauler's Registration No. (if applicable): 15

Job No.: _____ No. of Loads or Trips: 3 Unit No. 9

Vehicle: ☒ vacuum truck 100 barrels, ☐ flatbed, ☐ other _____ (SPECIFY)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.


SIGNATURE OF AUTHORIZED AGENT AND TITLE

DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): Chen K

Site Address: _____

CODE NO.

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The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): _____ State fee (if any): _____

Handling Method(s):

☐ recovery

<input type="checkbox"/> treatment (specify):	EXAMPLES: INCINERATION, NEUTRALIZATION, PRECIPITATION	CODE NO.
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☐ disposal (specify): ☐ pond ☐ spreading ☐ landfill ☐ injection well☐ other (specify): _____

If waste is held for disposal elsewhere specify final location: _____

Disposal Date: 5/12/11

I certify (or declare) under penalty of perjury
that the foregoing is true and correct.

SIGNATURE OF AUTHORIZED AGENT AND TITLE

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

**FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING
HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.**

D.O.T. Proper Shipping Name _____